

BOARD OF REALTY REGULATION**301 S. PARK, ROOM 498****P.O. BOX 200513****HELENA, MT 59620-0513****(406) 444-2961~ (406) 841-2323 (FAX)****NAME/ADDRESS CHANGE, STATUS CHANGE AND TRANSFER FORM****CHECK APPROPRIATE BOXES****COMPLETE ALL REQUIRED LINES OF INFORMATION (As designated in parentheses)****REMIT APPROPRIATE FEE FOR EACH BOX CHECKED****INCLUDE WALL CERTIFICATES WITH THIS FORM FOR REQUESTS OF: LICENSE NAME CHANGE, INACTIVE STATUS, SALESPERSON TRANSFER TO A NEW BROKER, RELEASE OF SUPERVISION AND LICENSE CANCELLATION**

- | | | |
|--------------------------|--|------------------|
| <input type="checkbox"/> | CHANGE OF BUSINESS ADDRESS (1,2,3, 4 & 7)
(Salespeople under broker supervision automatically change at no additional cost) | \$45.00 |
| <input type="checkbox"/> | CHANGE OF STATUS TO ACTIVE (1, 3, 4, 6, 7 & 8)
(Need to show proof of 24 hours of Continuing Education done within the last 24 months) | \$45.00 |
| <input type="checkbox"/> | TRANSFER TO A NEW BROKER (1 thru 8)
(Broker must have supervising broker endorsement) | \$45.00 |
| <input type="checkbox"/> | CERTIFIED LICENSE HISTORY (1, 7 & 8) | \$20.00 |
| <input type="checkbox"/> | REQUEST A DUPLICATE WALL LICENSE (1, 2 & 7) | \$20.00 |
| <input type="checkbox"/> | CHANGE OF STATUS TO INACTIVE (1, 5, 7 & 8) | \$10.00 |
| <input type="checkbox"/> | DUPLICATE POCKETCARD (1, 2 & 7) | \$ 5.00 |
| <input type="checkbox"/> | CHANGE OF HOME ADDRESS (1, 7 & 8) | No Charge |
| <input type="checkbox"/> | CHANGE OF BUSINESS NAME (1, 2, 3 & 7) | No Charge |
| <input type="checkbox"/> | CHANGE OF LICENSEE NAME (1, 3 & 7) | No Charge |
| <input type="checkbox"/> | RELEASING SUPERVISION OF LICENSEE (1, 2 & 5) | No Charge |
| <input type="checkbox"/> | CANCELLATION OF LICENSE (1 & 7) | No Charge |

TOTAL AMOUNT REMITTED**\$ _____**

Licensee's Name

1.

License Number & Type

Home Phone Number

Current Broker or Business Name

2.

License Number

Business Phone Number

New Broker or Business Name

3.

Trust Account Number

Business Phone & Fax Number

New Broker or Business Address

4.

CITY**STATE****ZIP**

Current Broker or Releasing Brokers Signature

5.

LICENSE NUMBER**Date**

New Broker Signature

6.

LICENSE NUMBER**Date**

Licensee's Signature

7.

LICENSE NUMBER**Date**

New or Current Home Address

8.

CITY**STATE****ZIP*******TO PREVENT YOUR CREDIT CARD FROM BEING CHARGED TWICE
DO NOT BOTH FAX AND MAIL THIS INFORMATION**

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check **(please do not send cash)**. You may fill in the appropriate form below to submit payments. **This document will be destroyed after the payment is processed.** For a complete list of services for which the division accepts credit card payments or e-checks, please see: <http://www.realestate.mt.gov>.

☐ Visa ☐ Master Card Amount to be billed: .

Credit Card # Expiration Date: /

Name on Card: _____

Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC** .

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

PHONE : _____

E-Check Information

Name (First, Last): _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount to be billed: .

Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT** .

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

PHONE : _____



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